

## LR 513 Medical Home Working Group Meeting Minutes

Date: September 21, 2012

Place: Hearing Room 2102, Second Floor, State Capital Building, Lincoln, Nebraska

Attendees: Senator Mike Gloor, Deb Esser MD, MMM, FAAFP, Vice President for Medical Affairs, and Cora Micek, Peetz, and Company, representing Coventry Health Care of Nebraska, Dr. William Minier, and Machaela Valentin, Blue Cross and Blue Shield of Nebraska, Laura Hope and Daniel Clue, M.D. of United Health Care, Robert Rauner, M.D. Partnership for a Healthy Lincoln, Academy of Family Physicians and Nebraska Medical Association, Scott Applegate, M.D. AAP. and Jon Edwards, Cutshall and Nowka, Academy of Family Physicians, and Nick Faustman, Nebraska Hospital Association

Legislative Staff: Margaret Kohl and Roger Keetle

---

### Meeting Summary:

1. After introductions Senator Gloor presented some background comments to open the meeting. He explained that (1) a multi-payer system will improve the economic feasibility of PCMHs, (2) would gain Medicare participation on 276,000 lives (3) would foster continued and expanded Nebraska Medicaid participation and (4) reduce health care costs for all Nebraskans.
2. As a starting point for beginning the discussions for the working group members were asked to prepare to discuss the following issues. The response of the insurer follows the question:

#### United Health Care:

- What does your current PCMH program or pilot program or similar efforts look like?
  - Strictly a Medicaid program at the People's Clinic in Lincoln, Nebraska.
- What standards are you setting for PCMH
  - NCQA Standards as modified by the Department of Health and Human Services
- Does your current pilot program(s) provide disease registry information?
- Does your current pilot program(s) reimburse for care coordination?
  - UHC provides a care coordinator to target chronic ER room users
- What funding mechanisms are you currently using outside a pilot to help physicians transforming to PCMH?
  - UHC provides the care coordinator and provides outreach.

#### Blue Cross and Blue Shield:

- What does your current PCMH program or pilot program or similar efforts look like?
  - The BC/BS pilot program ended in 2011. The current program has 30 offices and with approximately 200 physicians participating.
- What standards are you setting for PCMH

- Does your current pilot program(s) provide disease registry information?
  - Yes, on diabetes
- Does your current pilot program(s) reimburse for care coordination?
  - Care coordination is provided to persons with a chronic condition and the program has outcome based incentives.
- What funding mechanisms are you currently using outside a pilot to help physicians transforming to PCMH?

Coventry:

- What does your current PCMH program or pilot program or similar efforts look like?
  - Medicaid program only
- What standards are you setting for PCMH
  - Adopted Medicaid standards
- Does your current pilot program(s) provide disease registry information?
- Does your current pilot program(s) reimburse for care coordination?
  - Care coordinator is provided by the pilot sites but Coventry provides training. Bonus payments based upon quality improvements in 2 years.
- What funding mechanisms are you currently using outside a pilot to help physicians transforming to PCMH?
  - Monthly meeting s to encourage program and provide information.

Senator Gloor discussed a possibility to apply for a grant to assist in the development of a state wide milt-payer PCMH program.

Action Item: The insurance company representatives were asked if they would be will to provide a letter of intent to participate the planing of a broader PCMH initiative. A sample letter will be provided to the insurers for their consideration. The representatives responded that they should have a response within 10 to 14 days.

4. The next meeting will be at 9:00 am to 10:30 am, October 17, 2012 in Room 2102 of the State Capital Building

5. The meeting was adjourned.